Complete Summary

GUIDELINE TITLE

Complementary medicines in pre-dialysis patients.

BIBLIOGRAPHIC SOURCE(S)

Voss D. Complementary medicines in pre-dialysis patients. Nephrology 2005 Dec;10(S5):S201-3.

Voss D. Complementary medicines in pre-dialysis patients. Westmead NSW (Australia): CARI - Caring for Australasians with Renal Impairment; 2005 Aug. 6 p. [10 references]

GUIDELINE STATUS

This is the current release of the guideline.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

Chronic kidney disease

GUIDELINE CATEGORY

Management
Treatment

CLINICAL SPECIALTY

Family Practice
Internal Medicine

Nephrology
Nutrition
Pediatrics

INTENDED USERS

Dietitians
Physicians

GUIDELINE OBJECTIVE(S)

To assess whether improved or reduced renal survival is associated with the use of complementary medicines

TARGET POPULATION

Adults and children with chronic kidney disease

INTERVENTIONS AND PRACTICES CONSIDERED

Comprehensive medication (including over-the-counter combination medications, herbal beverages, and alternative/complementary medications) and dietary assessment, cessation of use of toxic or potentially toxic agents, and monitoring of renal function as indicated were considered but not recommended.

MAJOR OUTCOMES CONSIDERED

Glomerular filtration rate

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Searches of Electronic Databases

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Databases searched: MeSH terms and text words for kidney disease were combined with MeSH terms and text words for traditional medicine and Chinese herbal drugs, then combined with the Cochrane highly sensitive search strategy for randomized controlled trials and search filters for identifying prognosis and aetiology studies. The search was carried out in Medline (1996 – November Week 2 2003). The Cochrane Renal Group Trials Register was also searched for trials not indexed in Medline.

Date of searches: 27 November 2003.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

Level I: Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

Level II: Evidence obtained from at least one properly designed RCT

Level III: Evidence obtained from well-designed pseudo-randomized controlled trials (alternate allocation or some other method); comparative studies with concurrent controls and allocation not randomized, cohort studies, case-control studies, interrupted time series with a control group; comparative studies with historical control, two or more single arm studies, interrupted time series without a parallel control group

Level IV: Evidence obtained from case series, either post-test or pretest/post-test

METHODS USED TO ANALYZE THE EVIDENCE

Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Not stated

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

Not stated

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

A formal cost analysis was not performed and published cost analyses were not reviewed.

METHOD OF GUIDELINE VALIDATION

Comparison with Guidelines from Other Groups
Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

Recommendations of Others. Recommendations regarding complementary medicines in pre-dialysis patients from the following groups were discussed: Kidney Disease Outcomes Quality Initiative, British Renal Association, and European Dialysis & Transplant Nurses Association/European Renal Care Association.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

Definitions for the levels of evidence (I–IV) can be found at the end of the "Major Recommendations" field.

Guidelines

No recommendations possible based on Level I or II evidence

Suggestions for Clinical Care

(Suggestions are based on Level III and IV evidence)

- Some complementary medicines are toxic to renal tissue. A comprehensive medication and dietary assessment should identify these. Use of these renally toxic agents in existing renal impairment should be advised against. (Level IV evidence and Opinion)

Practitioners should be aware of over-the-counter combination medications, herbal beverages, and alternative/complementary medications when taking a history.

Most complementary medicines are a combination of both toxic and potentially toxic agents.

If the patient continues the agent/s, close monitoring of renal function should be performed. Initially, monitoring may need to be weekly, and with satisfactory results, the monitoring frequency can be reduced. Monitoring needs to be continued for as long as the agent/s are taken, as toxicity may be delayed. If any reduction in renal function is noticed, the complementary agent/s should be ceased and not reintroduced.

Patients will often not volunteer the use of these agents as they are considered non-toxic or not important, as they are not prescribed.

Reviews or case reports of various agents are referred to in the Appendix in the original guideline document.

Some complementary medicines are associated with renal toxicity. Their toxicity is more marked with pre-existing renal disease or reduced glomerular filtration rate (GFR).

Definitions:

Levels of Evidence

Level I: Evidence obtained from a systematic review of all relevant randomized controlled trials (RCTs)

Level II: Evidence obtained from at least one properly designed RCT

Level III: Evidence obtained from well-designed pseudo-randomized controlled trials (alternate allocation or some other method); comparative studies with concurrent controls and allocation not randomized, cohort studies, case-control studies, interrupted time series with a control group; comparative studies with historical control, two or more single arm studies, interrupted time series without a parallel control group

Level IV: Evidence obtained from case series, either post-test or pretest/post-test

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is identified and graded for each recommendation (see "Major Recommendations").

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Appropriate advice against use of complementary medicines in pre-dialysis patients

POTENTIAL HARMS

Not stated

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

An implementation strategy was not provided.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Living with Illness

IOM DOMAIN

Effectiveness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

Voss D. Complementary medicines in pre-dialysis patients. Nephrology 2005 Dec;10(S5):S201-3.

Voss D. Complementary medicines in pre-dialysis patients. Westmead NSW (Australia): CARI - Caring for Australasians with Renal Impairment; 2005 Aug. 6 p. [10 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

2005 Dec

GUIDELINE DEVELOPER(S)

Caring for Australasians with Renal Impairment - Disease Specific Society

SOURCE(S) OF FUNDING

Industry-sponsored funding administered through Kidney Health Australia

GUIDELINE COMMITTEE

Not stated

COMPOSITION OF GROUP THAT AUTHORED THE GUIDELINE

Author: David Voss

FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

All guideline writers are required to fill out a declaration of conflict of interest.

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) from the Caring for Australasians with Renal Impairment Web site.

Print copies: Available from Caring for Australasians with Renal Impairment, Locked Bag 4001, Centre for Kidney Research, Westmead NSW, Australia 2145

AVAILABILITY OF COMPANION DOCUMENTS

The following is available:

- The CARI guidelines. A guide for writers. Caring for Australasians with Renal Impairment. 2006 May. 6 p.

Electronic copies: Available from the Caring for Australasians with Renal Impairment (CARI) Web site.

PATIENT RESOURCES

None available

NGC STATUS

This NGC summary was completed by ECRI Institute on April 28, 2008.

COPYRIGHT STATEMENT

DISCLAIMER

NGC DISCLAIMER

All guidelines summarized by NGC and hosted on our site are produced under the auspices of medical specialty societies, relevant professional associations, public or private organizations, other government agencies, health care organizations or plans, and similar entities.

Guidelines represented on the NGC Web site are submitted by guideline developers, and are screened solely to determine that they meet the NGC Inclusion Criteria which may be found at http://www.guideline.gov/about/inclusion.aspx .

NGC, AHRQ, and its contractor ECRI Institute make no warranties concerning the content or clinical efficacy or effectiveness of the clinical practice guidelines and related materials represented on this site. Moreover, the views and opinions of developers or authors of guidelines represented on this site do not necessarily state or reflect those of NGC, AHRQ, or its contractor ECRI Institute, and inclusion or hosting of guidelines in NGC may not be used for advertising or commercial endorsement purposes.

Readers with questions regarding guideline content are directed to contact the guideline developer.

Date Modified: 7/27/2009